

Complete Summary

TITLE

Diabetes care: percentage of diabetic patients (defined as those who had at least one drug used to treat diabetes) who saw either an optometrist or ophthalmologist in the same fiscal year as the prescription.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of diabetic patients (defined as those who had at least one drug used to treat diabetes) who saw either an optometrist or ophthalmologist in the same fiscal year as the prescription.

RATIONALE

As one of the most common and serious complications of diabetes relates to damage to the retina, it is recommended that all diabetic patients undergo regular examination of their retinas by somebody experienced in doing this procedure. This examination involves the dilation of the pupil and therefore requires a practitioner who can confidently perform fundoscopy. While some family physicians may have the skill to perform this examination themselves, most of them choose to have this examination performed by a specialist in this area.

Often, patients have a relationship with the optometrist or ophthalmologist who ensures that the patient returns annually for a regular examination. This may occur after consultation with the family practitioner or it may represent an independent relationship.

The method of allocation of services does not require that the consultation be initiated by the family practitioners, only that the patients had undergone the necessary examination, as reflected in the specifications for this measure.

PRIMARY CLINICAL COMPONENT

Diabetes; eye examination; fundoscopy; optometrist; ophthalmologist

DENOMINATOR DESCRIPTION

Diabetic patients (defined as those who had at least one drug used to treat diabetes) assigned to a family physician (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients from the denominator who saw either an optometrist or ophthalmologist in the same fiscal year as the prescription

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

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State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Ontario findings, over a two-year period, are better than Manitoba's overall rate (39%), with 46% of diabetics showing evidence of an optometrist or ophthalmologist visit.

EVIDENCE FOR INCIDENCE/PREVALENCE

Harris SB, Stewart M, Brown JB, Wetmore S, Faulds C, Webster-Bogaert S, Porter S. Type 2 diabetes in family practice. Room for improvement. Can Fam Physician 2003 Jun; 49: 778-85. [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Diabetic patients (defined as those who had at least one drug used to treat diabetes) assigned to a family physician (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusion

Diabetic patients (defined as those who had at least one drug used to treat diabetes) assigned* to a family physician

*A patient is allocated to the physician with the most visits (as defined by cost). In the case of a tie, the patient is allocated to the physician with the greatest total cost. Total cost calculations include direct care (i.e., visits) and indirect care (i.e., referrals to other physicians or for services such as lab tests and x-rays).

Exclusion

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients from the denominator who saw either an optometrist or ophthalmologist in the same fiscal year as the prescription

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Diabetes care: eye examination.

MEASURE COLLECTION

[Indicators of Quality in Family Practice](#)

MEASURE SET NAME

[Acute & Chronic Disease Management](#)

DEVELOPER

Manitoba Centre for Health Policy

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Katz A, DeCoster C, Bogdanovic B, Soodeen RA, Chateau D. Using administrative data to develop indicators of quality in family practice. Winnipeg, Manitoba: Manitoba Centre for Health Policy, University of Manitoba; 2004 Mar. 87 p.

MEASURE AVAILABILITY

The individual measure, "Diabetes Care: Eye Examination," is published in "Using Administrative Data to Develop Indicators of Quality in Family Practice." This document is available in Portable Document Format (PDF) from the [Manitoba Centre for Health Policy Web site](#).

For further information, contact: Manitoba Centre for Health Policy, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, 4th Floor, Room 408, 727 McDermot Ave, Winnipeg, Manitoba R3E 3P5; telephone: (204) 789-3819; fax: (204) 789-3910; Web site: www.umanitoba.ca/centres/mchp.

NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2006. The information was verified by the measure developer on May 1, 2006.

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